

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(4) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER:  TN2601	(2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(3) DATE SURVEY COMPLETED  04/03/2017
NAME OF PROVIDER OR SUPPLIER  SOUTHERN TENN MEDICAL CENTER SNF		STREET ADDRESS, CITY, STATE, ZIP CODE  629 HOSPITAL ROAD WINCHESTER, TN 37398		
(4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(5) COMPLETE DATE
N 831	1200-8-8-08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.   This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment.  The findings included:  1. Observation on 4/3/17 at 9:37 AM, revealed a penetration (4 inch) exposing a hole in the two (2) hour fire wall separating the nursing home from the hospital. National Fire Protection Association NFPA 101, 8.3.5 (2012 Edition)  2. Observation on 4/3/17 at 9:42 AM-9:55 AM, revealed unsealed penetrations in the rated walls in the following areas: a. Above PT doors b. Above East smoke doors c. Above West smoke doors d. corridor wall by room 141. NFPA 101, 8.3.5 (2012 Edition)  Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 4/3/17.	N 831	This facility does maintain the smoke/fire walls.  All residents residing in the facility have the potential to be affected.  The penetration at the hospital/gaf separation was repaired with 3M fire caulk on 4/17/17 by the maintenance staff. The penetration above the PT doors will be repaired with 3M fire caulk by 4/28/17 by the maintenance staff. The penetration above the East smoke doors was repaired with 3M fire caulk on 4/10/17 by the maintenance staff. The penetration above the West smoke doors was repaired with 3M fire caulk on 4/11/17 by the maintenance staff. The penetration in the corridor wall by room 141 was repaired with 3M fire caulk on 4/11/17 by the maintenance staff.  The Maintenance Director or his designee will monitor through observation monthly to ensure that there are no penetrations in the fire walls. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality	4/03/17
N 846	1200-8-8-08 (18) Building Standards  (18) It shall be demonstrated through the submission of plans and specifications that in	N 846		

Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(6) DATE

Holly Hopkins Administrator

502BN21

4/05/17  
Continuation sheet: 1 of 2

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(A1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER:  TN2801	(D2) MULTIPLE CONSTRUCTION A. BUILDING: D1 - MAIN BUILDING D1  B. WING	(E3) DATE SURVEY COMPLETED:  04/03/2017
NAME OF PROVIDER OR SUPPLIER:  SOUTHERN TENN MEDICAL CENTER SNF		STREET ADDRESS, CITY, STATE, ZIP CODE:  629 HOSPITAL ROAD WINCHESTER, TN 37388		
(A4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PARTNER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(E5) COMPLETION DATE
N 831	<p>1200-S-8-08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observation on 4/3/17 at 9:37 AM, revealed a penetration (4 inch) exposing a hole in the two (2) hour fire wall separating the nursing home from the hospital. National Fire Protection Association NFPA 101, 8.3.6 (2012 Edition)</li> <li>Observation on 4/3/17 at 8:42 AM-9:55 AM, revealed unsealed penetrations in the rated walls in the following areas: <ul style="list-style-type: none"> <li>a. Above PT doors</li> <li>b. Above East smoke doors</li> <li>c. Above West smoke doors</li> <li>d. corridor wall by room 141. NFPA 101, 8.3.6 (2012 Edition)</li> </ul> </li> </ol> <p>Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 4/3/17.</p>	N 831	<p>Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.</p>	
N 848	<p>1200-S-8-08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in</p>	N 848	<p>N 848</p> <p>This facility does maintain the correct air flow as required.</p>	4/30/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

Holley Hopkins

Administrator

TITLE

PBO DATE

STATE FORM

4049

5GBN21

4/25/17

If continuation sheet 1 of 2

## Division of Health Care Facilities

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER:  TN2601	(X2) MULTIPLE CONSTRUCTION: A. BUILDING 01 - MAIN BUILDING 01  B. WING	(X3) DATE SURVEY COMPLETED:  04/03/2017
<b>NAME OF PROVIDER OR SUPPLIER</b>  SOUTHERN TENN MEDICAL CENTER SNF		<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>  628 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>Continued From page 1</p> <p>each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the correct air flow as required.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observation on 4/3/17 at 9:45 AM-10:22 AM, revealed no negative air flow in the required areas throughout the facility (including patient room bathrooms and soiled (dirty areas);</li> <li>2. Observation on 4/3/17 at 10:23 AM, revealed the East hall clean linen room did not have a supply of clean air.</li> </ol> <p>Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 4/3/17.</p>	N 848	<p>All residents residing in the facility have the potential to be affected.</p> <p>All areas requiring negative air flow throughout the facility including patient room bathrooms and soiled (dirty areas) have been checked and repairs completed as needed by the maintenance staff on 4/21/17.</p> <p>The clean linen on the East hall was moved to another area having a supply of clean air by the Director of Nursing on 4/26/17.</p> <p>The Maintenance Director or his designee will monitor through walking rounds monthly to ensure that all areas of skilled care have the appropriate air flow. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/07/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  445222	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - EMERALD/HODGSON  B. WING	(X3) DATE SURVEY COMPLETED  04/03/2017
NAME OF PROVIDER OR SUPPLIER:  SOUTHERN TENN MEDICAL CENTER SNF		STREET ADDRESS, CITY, STATE, ZIP CODE: 829 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 902 SS=D	<p>NFPA 101: Gas and Vacuum Piped Systems - Other</p> <p>Gas and Vacuum Piped Systems - Other</p> <p>List in the REMARKS section any NFPA 99 Chapter 5 Gas and Vacuum Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 5 (NFPA 99).</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain the medical gas lines above ceiling.</p> <p>The finding included:</p> <p>Observation on 4/3/17 at 1:21 PM-1:30 PM, revealed medical gas lines in contact with dissimilar metals on the skilled hallway. NFPA 101, 19.3.2.4 (2012 Edition) NFPA 99, 5.1.10.11.2 (2012 Edition)</p> <p>Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator via phone conference on 4/3/17.</p>	K 902	<p>K 902</p> <p>This facility does maintain the piping in medical gas lines.</p> <p>All residents residing in the facility have the potential to be affected.</p> <p>Compliant Healthcare Technologies (CHT) will complete the work needed to move lines so that dissimilar metals that are touching the metal gas lines are not touching. CHT will have this work completed by 5/12/17.</p> <p>The Maintenance Director or his designee will monitor through observation monthly to ensure that there are no dissimilar metal lines touching the metal gas lines. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.</p>	5/12/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

4/05/17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosed 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.